

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013385

**Entity Name:** EMERALD COAST MEDICAL TRANSPORT INC.

**Current Principal Place of Business:**

3541 T STREET  
PANAMA CITY, FL 32404

**Current Mailing Address:**

3541 T STREET  
PANAMA CITY, FL 32404

**FEI Number: 04-3739332**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEEKE, WILLIAM V  
3541 T STREET  
PANAMA CITY, FL 32404 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           PRESIDEN/CEO  
Name           PEEKE, WILLIAM V  
Address        3541 T STREET  
City-State-Zip: PANAMA CITY FL 32404

Title           VICE PRESIDENT/CFO  
Name           PEEKE, TERESA S  
Address        3541 T STREET  
City-State-Zip: PANAMA CITY FL 32404

Title           BUSINESS MANAGER  
Name           WILLIAMS, TOMMY SCOTT  
Address        3541 T STREET  
City-State-Zip: PANAMA CITY FL 32404

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TERESA A PEEKE**

**VICE PRESIDENT/CFO**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date